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<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/255,222	
	<b>Filing Date</b>	February 22, 1999	
	<b>First Name of Inventor</b>	Williams, et al.	
	<b>Group Art Unit</b>	1724	
	<b>Examiner Name</b>	Hruskoci, P.	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	P2160/187847

ENCLOSURES (check all that apply)

☒ Fee Transmittal Form

☒ Fee Attached

☐ Amendment / Response

☐ After Final

☐ Affidavits/declaration(s)

☒ Extension of Time Request

☐ Express Abandonment Request

☐ Information Disclosure Statement

☐ Certified Copy of Priority Document(s)

☐ Response to Missing Parts/Incomplete Application

☐ Response to Missing Parts under 37 CFR 1.52 or 1.53

☐ Assignment Papers (for an Application)

☐ Drawing(s)

☐ Licensing-related Papers

☐ Petition

☐ Petition to Convert to a Provisional Application

☐ Power of Attorney, Revocation, Change of Correspondence Address

☐ Terminal Disclaimer

☐ Request for Refund

☐ CD, Number of CD(s) \_\_\_\_\_

☐ After Allowance Communication to Group

☐ Appeal Communication to Board of Appeals and Interferences

☒ Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)

☐ Proprietary Information

☐ Status Letter

☐ Other Enclosure(s) (please identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name

Bruce D. Gray, Reg. No. 35,799

Signature

Date

October 15, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail No. EL513158235US mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: October 15, 2002

Typed or printed name

Kathleen Bennett

Signature

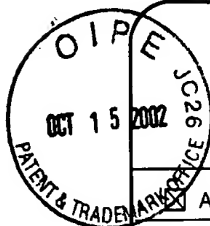
Kathleen Bennett

Date

October 15, 2002

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# FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 620.00

Complete if Known

Application Number 09/255,222  
Filing Date February 22, 1999  
First Named Inventor Williams, et al.  
Examiner Name Hruskoci, P.  
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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																																																																																																																																																															
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<input checked="" type="checkbox"/> Deposit Account: Deposit Account Number 11-0855 Deposit Account Name KILPATRICK STOCKTON LLP		<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td></td><td></td><td>105</td><td>130</td><td>205 65</td><td></td></tr><tr><td></td><td></td><td>127</td><td>50</td><td>227 25</td><td></td></tr><tr><td></td><td></td><td>139</td><td>130</td><td>139 130</td><td></td></tr><tr><td></td><td></td><td>147</td><td>2,520</td><td>147 2,520</td><td></td></tr><tr><td></td><td></td><td>112</td><td>920*</td><td>112 920*</td><td></td></tr><tr><td></td><td></td><td>113</td><td>1,840*</td><td>113 1,840*</td><td></td></tr><tr><td></td><td></td><td>115</td><td>110</td><td>215 55</td><td></td></tr><tr><td></td><td></td><td>116</td><td>400</td><td>216 200</td><td></td></tr><tr><td></td><td></td><td>117</td><td>920</td><td>217 460</td><td>460.00</td></tr><tr><td></td><td></td><td>118</td><td>1,440</td><td>218 720</td><td></td></tr><tr><td></td><td></td><td>128</td><td>1,960</td><td>228 980</td><td></td></tr><tr><td></td><td></td><td>119</td><td>320</td><td>219 160</td><td>160.00</td></tr><tr><td></td><td></td><td>120</td><td>320</td><td>220 160</td><td></td></tr><tr><td></td><td></td><td>121</td><td>280</td><td>221 140</td><td></td></tr><tr><td></td><td></td><td>138</td><td>1,510</td><td>138 1,510</td><td></td></tr><tr><td></td><td></td><td>140</td><td>110</td><td>240 55</td><td></td></tr><tr><td></td><td></td><td>141</td><td>1,280</td><td>241 640</td><td></td></tr><tr><td></td><td></td><td>142</td><td>1,280</td><td>242 640</td><td></td></tr><tr><td></td><td></td><td>143</td><td>460</td><td>243 230</td><td></td></tr><tr><td></td><td></td><td>144</td><td>620</td><td>244 310</td><td></td></tr><tr><td></td><td></td><td>122</td><td>130</td><td>122 130</td><td></td></tr><tr><td></td><td></td><td>123</td><td>50</td><td>123 50</td><td></td></tr><tr><td></td><td></td><td>126</td><td>180</td><td>126 180</td><td></td></tr><tr><td></td><td></td><td>581</td><td>40</td><td>581 40</td><td></td></tr><tr><td></td><td></td><td>146</td><td>740</td><td>246 370</td><td></td></tr><tr><td></td><td></td><td>149</td><td>740</td><td>249 370</td><td></td></tr><tr><td></td><td></td><td>179</td><td>740</td><td>279 370</td><td></td></tr><tr><td></td><td></td><td>169</td><td>900</td><td>169 900</td><td></td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid			105	130	205 65				127	50	227 25				139	130	139 130				147	2,520	147 2,520				112	920*	112 920*				113	1,840*	113 1,840*				115	110	215 55				116	400	216 200				117	920	217 460	460.00			118	1,440	218 720				128	1,960	228 980				119	320	219 160	160.00			120	320	220 160				121	280	221 140				138	1,510	138 1,510				140	110	240 55				141	1,280	241 640				142	1,280	242 640				143	460	243 230				144	620	244 310				122	130	122 130				123	50	123 50				126	180	126 180				581	40	581 40				146	740	246 370				149	740	249 370				179	740	279 370				169	900	169 900	
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Other fee (specify) \_\_\_\_\_

\*Reduced by Basic Filing Fee Paid

**SUBTOTAL (3) (\$ 620.00)**

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Bruce D. Gray	Registration No. Attorney/Agent	23370
Signature		Telephone	404.815.6218
		Date	10/15/02

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